

Elektrik Çarpmasına Bağlı Hızlı Akciğer Parankim Hasarı: Göğüs Cerrahisinde Nadir ve Acil bir Olgu

Elektrik Çarpması ve Akciğer Hasarı / Electric Shock and Lung İnjury

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A 44 year-old male admitted to our hospital due to a high voltage electric shock, first chest x-ray demonstrated partial left mediastinal shift (Figure 1), an hour later respiratory distress, chough, tachypnea and hemoptysis were developed, at the same time chest x-ray and

chest computed tomography demonstrated left lower lobe atelectasis. minimal left pneumothorax and complete left mediastinal shift (Figure 2, 3a, 3b). Bronchial aspiration urgently was performed with

rigid bronchoscopy, the large amounts of bloody sputum was aspirated from the left lower lobe bronchus, control chest-x ray was within normal limits after bronchoscopy and the patient was discharged uneventfully (Figure 4).

This case show us, a high voltage electric

shock may cause to rapid parenchymal lung injury, frequently radio-logical assessment is important for prevent any complications that may develop.



Figure 1. Partial left mediastinal shift







Figure 2. Left lower lobe atelectasis and complete left mediatinal shift. Figure 3. Left lower lobe atelectasis, minimal right pleural effusion, minimal left pneumothorax and complete left mediatinal shift.

Figure 4. Chest x-ray after rigid bron-